SAINT ANTHONY PARISH

REQUEST FOR GYMNASIUM USE (R1)

Welcome to St. Anthony's Gymnasium; Exercise Your Body, Mind and Spirit.

Note: If days and/or times vary, list all dates & times of Please check any equipment you intend to set up or reposition Curtain Divider Bleachers	art: Finish: End Date: End: n back side of this form.
Type of Event: Time State: Enter Day(s) (if always same): Enter Times (if always same): Start: Note: If days and/or times vary, list all dates & times or Please check any equipment you intend to set up or reposition Curtain Divider Bleachers	art: Finish: End Date: End: n back side of this form.
Type of Event: Time State: Time State: Time State: Time State: Enter Day(s) (if always same): Enter Times (if always same): Start: Note: If days and/or times vary, list all dates & times of the Curtain Divider Bleachers Bleachers	art: Finish: End Date: End: n back side of this form.
Check if one time event: Date: Time State: Time State: Enter Day(s) (if always same): Enter Times (if always same): Start: Note: If days and/or times vary, list all dates & times of the Curtain Divider Bleachers Bleachers	art: Finish: End Date: End: n back side of this form.
Check if multiple use event: Start Date: Enter Day(s) (if always same): Enter Times (if always same): Start: Note: If days and/or times vary, list all dates & times or Please check any equipment you intend to set up or reposition Curtain Divider Bleachers	End Date: End: n back side of this form.
Enter Day(s) (if always same): Enter Times (if always same): Note: If days and/or times vary, list all dates & times or Please check any equipment you intend to set up or reposition Curtain Divider Bleachers	End: n back side of this form.
Enter Times (if always same): Start: Note: If days and/or times vary, list all dates & times or Please check any equipment you intend to set up or reposition Curtain Divider Bleachers	End:n back side of this form.
Please check any equipment you intend to set up or reposition Curtain Divider Bleachers	:
Curtain Divider Bleachers	
□ 37 11 1 11 37 4 □ 337 11 3.6 4 □	
□ Volleyball Nets □ Wall Mats	Gym Floor Covering
Check if you need training or assistance with this equip (You will be contacted to arrange a mutually agreeable Note: You must return the gym and equipment to the as found	e date for assistance.)
GYM SECURITY	a containing when the ought
Key #: Issued to: (Return key to Parish office, or to PMC mail drop box, immed	
I have received and will abide by the requirements of the "Gyr Responsibilities" document. I understand that three reported infractions of these requirements damage to the gym or equipment may result in revocation of g	m Rules and nents within usage period or
Signature:	Date:
Authorizing Staff Member:	Date:
Parish Administrator:	Date: